

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043113

1. Corporation Name

SEA SEEKERS SAILING INC.

Principal Place of Business

140 ISLE OF VENICE APT #2
FT. LAUDERDALE FL 33301

Mailing Address

P.O. BOX 7273
FT. LAUDERDALE FL 33338



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/2000

5. FEI Number

65-1002436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KISS, AARON	140 ISLE OF VENICE.	FT. LAUDERDALE FL 33301

300024761063
11/17/03--01093--005 **150.00

8. Name and Address of Current Registered Agent

KISS, AARON
140 ISLE OF VENICE APT 2
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

DAVID L MOORE

Street Address (P.O. Box Number is Not Acceptable)

6003 NW 31 ST AVE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

David L Moore

REGISTERED AGENT MUST SIGN

Date 11/12/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

David L Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03

Date

Daytime Phone #

CR2E040 (7/03)

Fiducial Triple Check
6003 NW 31st Ave.
Ft. lauderdale, FL 33309
Tel: (954) 970-7888 Fax: (954) 970-8456
e-mail: kerrys@fiducialfl.com

Memo

Date: 11/12/2003

To: Department of State

From: Sea Seekers Inc

Subject: Reinstatement

Enclosed please find a check for \$150 for the 2003 annual fee. I was working out of the
country from January 6, 2003 until July 1, 2003. I did not receive the original mailing. To
prevent this from recurring I have asked my accountant to serve as registered agent.

I would greatly appreciate it if the penalties could be abated. Thank you for your
consideration.

Regards,

Aaron Kiss